

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: LARGE CAP VALUE FUND WELLINGTON MANAGEMENT (SALV3)
1b Three-digit plan number (PN): 184
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY
2b Employer Identification Number (EIN): 06-1050034
2c Plan Sponsor's telephone number: 800-338-4015
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (DEANNE MONDRAGON).

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name LARGE CAP VALUE/WELLINGTON MGMT FUND - SALV3	4b EIN 06-1050034 4d PN 184																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LARGE CAP VALUE FUND WELLINGTON MANAGEMENT (SALV3)</u>	B Three-digit plan number (PN)	<u>184</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JFM ENTERPRISES, INC.	
b	Name of plan sponsor	JFM ENTERPRISES, INC.	c EIN-PN 36-3803463-001
a	Plan name	ELIZABETH CARBIDE DIE CO INC	
b	Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a	Plan name	PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	
b	Name of plan sponsor	PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	c EIN-PN 58-0873934-001
a	Plan name	COAL EXCLUSIVE BENEFITS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COAL EXCLUSIVE BENEFITS 401(K) RETIREMENT PLAN	c EIN-PN 61-1171915-001
a	Plan name	NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	
b	Name of plan sponsor	NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	c EIN-PN 16-0569874-001
a	Plan name	BOSTON SHIPPING ASSOCIATION	
b	Name of plan sponsor	BOSTON SHIPPING ASSOCIATION	c EIN-PN 04-2034907-001
a	Plan name	U.A. LOCAL 322	
b	Name of plan sponsor	U.A. LOCAL 322	c EIN-PN 22-2708962-001
a	Plan name	I.U.O.E LOCAL 542 ANNUITY PLAN	
b	Name of plan sponsor	I.U.O.E LOCAL 542 ANNUITY PLAN	c EIN-PN 23-2352166-001
a	Plan name	KING AMERICAN AMBULANCE CO.	
b	Name of plan sponsor	KING AMERICAN AMBULANCE CO.	c EIN-PN 94-1279326-001
a	Plan name	COSMEC	
b	Name of plan sponsor	COSMEC	c EIN-PN 04-2389147-001
a	Plan name	IBEW LOCAL UNION NO 102	
b	Name of plan sponsor	IBEW LOCAL UNION NO 102	c EIN-PN 22-2347484-001
a	Plan name	PHILLIPS SERVICE IND., INC.	
b	Name of plan sponsor	PHILLIPS SERVICE IND., INC.	c EIN-PN 38-2509613-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JAY DEE/SNEAKER KING INC	
b	Name of plan sponsor	JAY DEE/SNEAKER KING INC	c EIN-PN 23-2539544-001
a	Plan name	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	c EIN-PN 05-0539082-001
a	Plan name	ACTIVAR, INC.	
b	Name of plan sponsor	ACTIVAR, INC.	c EIN-PN 41-1335237-001
a	Plan name	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
b	Name of plan sponsor	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	c EIN-PN 04-2103221-001
a	Plan name	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1626208-001
a	Plan name	N A S C O 401(K) SAVINGS AND PENSION PLAN	
b	Name of plan sponsor	N A S C O 401(K) SAVINGS AND PENSION PLAN	c EIN-PN 61-1110215-001
a	Plan name	ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 06-0703533-001
a	Plan name	HALOCARBON 401(K) PLAN	
b	Name of plan sponsor	HALOCARBON 401(K) PLAN	c EIN-PN 84-2984704-001
a	Plan name	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	c EIN-PN 38-3347788-001
a	Plan name	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
b	Name of plan sponsor	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	c EIN-PN 21-0524185-001
a	Plan name	KANEKA 401(K) PLAN	
b	Name of plan sponsor	KANEKA 401(K) PLAN	c EIN-PN 45-4567068-001
a	Plan name	STATER BROS. MARKETS 401K	
b	Name of plan sponsor	STATER BROS. MARKETS 401K	c EIN-PN 95-2586175-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JBP CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JBP CO., INC. 401(K) SAVINGS PLAN	c EIN-PN 76-0312814-001
a	Plan name	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	c EIN-PN 43-1273600-001
a	Plan name	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	c EIN-PN 52-2113962-001
a	Plan name	UNITED REFRIGERATION INC	
b	Name of plan sponsor	UNITED REFRIGERATION INC	c EIN-PN 23-1307731-001
a	Plan name	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	c EIN-PN 51-0226371-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,	c EIN-PN 45-6029203-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHN'S	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHNS	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	c EIN-PN 45-6029203-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP KPH, INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP KPH, INC.	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	c EIN-PN 45-6029203-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PFG WEST II	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PFG WEST II	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PFG WEST	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PFG WEST	c EIN-PN 45-6029203-001
a	Plan name API RETIREMENT INCOME PLAN	
b	Name of plan sponsor API RETIREMENT INCOME PLAN	c EIN-PN 13-0433430-001
a	Plan name ARTHUR J GALLAGHER AND CO	
b	Name of plan sponsor ARTHUR J GALLAGHER AND CO	c EIN-PN 36-2481781-001
a	Plan name CBANDI STS DELAWARE LLC DIV 995	
b	Name of plan sponsor CBANDI STS DELAWARE LLC DIV 995	c EIN-PN 74-1032246-001
a	Plan name CITY OF VERO BEACH	
b	Name of plan sponsor CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name COBRE VALLEY COMMUNITY HOSPITAL 1	
b	Name of plan sponsor COBRE VALLEY COMMUNITY HOSPITAL 1	c EIN-PN 86-0732836-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COBRE VALLEY COMMUNITY HOSPITAL 2	
b	Name of plan sponsor	COBRE VALLEY COMMUNITY HOSPITAL 2	c EIN-PN 86-0732836-002
a	Plan name	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC LIFE PENSION PLAN	
b	Name of plan sponsor	EMC LIFE PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC LIFE PENSION PLAN	
b	Name of plan sponsor	EMC LIFE PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	
b	Name of plan sponsor	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	c EIN-PN 06-1566311-001
a	Plan name	INTERMOUNTAIN POWER SER CORP	
b	Name of plan sponsor	INTERMOUNTAIN POWER SER CORP	c EIN-PN 87-0407566-001
a	Plan name	LITTLE DIX BAY HOTEL RET INCOME PLAN	
b	Name of plan sponsor	LITTLE DIX BAY HOTEL RET INCOME PLAN	c EIN-PN 52-0898393-001
a	Plan name	MEDIANEWS GROUP PENSION PLAN	
b	Name of plan sponsor	MEDIANEWS GROUP PENSION PLAN	c EIN-PN 76-0425553-001
a	Plan name	NEWHALL LAND AND FARMING CO RET PLAN	
b	Name of plan sponsor	NEWHALL LAND AND FARMING CO RET PLAN	c EIN-PN 95-3931727-001
a	Plan name	NRLC PENSION PLAN	
b	Name of plan sponsor	NRLC PENSION PLAN	c EIN-PN 36-2491193-001
a	Plan name	NTN EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	NTN EMPLOYEES PENSION PLAN	c EIN-PN 36-3726692-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	NTNBCA CORP PENSION PL HRLYGREENSBURG	
b Name of plan sponsor	NTNBCA CORP PENSION PL HRLYGREENSBURG	c EIN-PN 36-3726692-001
a Plan name	NTNBOWER CORP PENSION PL HRLYHAMILTON	
b Name of plan sponsor	NTNBOWER CORP PENSION PL HRLYHAMILTON	c EIN-PN 36-3726692-001
a Plan name	PATELCO CREDIT UNION PENSION PLAN	
b Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	c EIN-PN 94-0755684-001
a Plan name	STAHL USA INC PENSION PLAN	
b Name of plan sponsor	STAHL USA INC PENSION PLAN	c EIN-PN 04-3584961-001
a Plan name	TOWN OF VERNON CONNECTICUT	
b Name of plan sponsor	TOWN OF VERNON CONNECTICUT	c EIN-PN 06-6002112-001
a Plan name	TOWN OF VERNON CONNECTICUT POLICE	
b Name of plan sponsor	TOWN OF VERNON CONNECTICUT POLICE	c EIN-PN 06-6002112-001
a Plan name	CITY OF VERO BEACH	
b Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LARGE CAP VALUE FUND WELLINGTON MANAGEMENT (SALV3)	B Three-digit plan number (PN) ▶ 184
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	769649
		509309
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10073384
(2) U.S. Government securities	1c(2)	11740860
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	343634943
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	354477976	326812053
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13145457	69334
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13145457	69334
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	341332519	326742719

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	362587	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		362587
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9472144	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9472144
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	37710909	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-9789779	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-123923
d Total income. Add all income amounts in column (b) and enter total.....	2d	37631938

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	29141
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	1873500
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	9615
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1912256
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	1912256

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	35719682
l Transfers of assets:		
(1) To this plan.....	2l(1)	63385261
(2) From this plan	2l(2)	113694743

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.